

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013367	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/12/2015
NAME OF PROVIDER OR SUPPLIER CRESTWOOD VILLAGE SOUTH APARTMENTS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 8809 MADISON AVENUE INDIANAPOLIS, IN 46227		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00178374.</p> <p>Complaint IN00178374 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: August 12, 2015</p> <p>Facility number: 013367 Provider number: 013367 AIM number: N/A</p> <p>Census bed type: Residential: 42 Total: 42</p> <p>Sample: 3</p> <p>Crestwood Village South Apartments was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00178374.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE